•			1	Application or Docket Number									
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 10690920												63	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			73		- .		· [F	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		ВА	BASIC FEE 385.00		OR	BASIC FEE	770.00	
TOTAL CHARGEABLE CLAIMS			73 minus 20=		. 23		×	X\$ 9=		OR	X\$18=	954	
INDEPENDENT CLAIMS			3 minus 3 =		10		>	X43=		OR	X86=	860	
MULTIPLE DEPENDENT CLAIM PRESENT						+	+145=		OR	+290=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	८८८५	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL ENTITY			OTHER THAN R SMALL ENTITY		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO	EST BER DUSLY	PRESENT EXTRA	R	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	* 54	Minus	** 73		- /	×	\$ 9=		OR	X\$18=		
AME	Independent	- r.	Minus		01.444	- /	×	(43=		OR	X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							145= ·	7	OR	+290=		
•								TOTAL	/	OR	TOTAL		
(Column 1) (Column 2) (Column 3)													
AMENOMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	••		=	×	\$ 9=		OR	X\$18=		
AME	Independent	NITATION OF MI	Minus			- (-)	×	43=		OR	X86=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM										OR	+290=		
TOTAL ADDIT. FEE										OR	TOTAL ADDIT. FEE		
		(Column 1)		(Colun	nn 2)	(Column 3)	. 231			•			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	EST BER JUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N Q	Total	•	Minus	**		= .	X	9=		OR	X\$18=		
ME	independent	\$	Minus	***		= .	X	43=		OR	X86=		
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									ОН			
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
** }	f the "Highest Nur	mber Previously Pa mber Previously Pa	id For IN THI	S SPACE is	less tha	n 20, enter "20."		TOTAL T. FEE		OR ,	TOTAL LODIT, FEE		
		ber Previously Pai					r found in	the app	propriate box	in cot	umn 1.		

FORM PTO-875 (Rev. 10/03)

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